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Alternative Calculation for Year of Marriage

Before you read this section, first read the instructions for line 9 in the Instructions for Form 8962. Complete Table 4 and, if required, Worksheet 2 in those instructions. Then continue reading this section if you meet either of the following conditions.

- You checked the “**No**” box on Form 8962, line 6, **and** you answered “**Yes**” to all 5 questions in Table 4.
- You checked the “**Yes**” boxes on Form 8962, line 6, **and** on line 14 of Worksheet 2.



*If you do not meet either of the above conditions, do not read the rest of this section because you are **not** eligible to elect the alternative calculation. Leave Form 8962, Part 5, blank.*

If you are eligible, electing the alternative calculation may reduce the amount of excess APTC you have to repay. Electing the alternative calculation is optional. [Worksheet V](#) (shown later) will tell you whether the alternative calculation will benefit you.

If either you or your spouse did not enroll in coverage **and did not** enroll another individual in your tax family in coverage, that spouse does not complete any steps.

Which Steps To Complete

- If you were enrolled in coverage under a qualified health plan, or if you enrolled an individual in your tax family in coverage, for one or more of your pre-marriage months, complete Steps 1, 2, and 5.
- If your spouse was enrolled in coverage under a qualified health plan, or enrolled an individual in your tax family in coverage, for one or more of your pre-marriage months, complete Steps 3, 4, and 5.
- If neither you nor your spouse enrolled an individual in your tax family in coverage for any of your pre-marriage months, you may include that individual in either Steps 1, 2, and 5 or Steps 3, 4, and 5.
- If you check the “**Yes**” box on [Worksheet V](#), line 14, complete steps 6, 7, and 8.

Your pre-marriage months include the month you got married.

Before you begin the steps, determine your alternative family size and your spouse’s alternative family size using the instructions under [Alternative family size](#) next.



If you completed Part 4 of Form 8962, do not include any amounts from a Form 1095-A that were allocated to another taxpayer when completing the steps for your alternative calculation.

Alternative family size. Your alternative family size is used to determine an alternative monthly contribution amount (see *Monthly contribution amount* under *Terms You May Need to Know* in the Instructions for Form 8962) on Worksheets I and III, which may reduce the amount of excess APTC for the pre-marriage months that you must repay. When determining your alternative family size, include yourself and any individual in the tax family who qualifies as your dependent for the year under the rules explained in the instructions for Form 1040 or 1040A, line 6c, or Form 1040NR, line 7c. Do not include any individual who does not qualify as your dependent under those rules or who is included in your spouse’s alternative family size.

When determining your spouse’s alternative family size, include your spouse and any individual in the tax family who qualifies as your spouse’s dependent for the year under the rules explained in the instructions for Form 1040 or 1040A, line 6c, or Form 1040NR, line 7c. Do not include any individual who does not qualify as your spouse’s dependent under those rules or who is included in your alternative family size.

Note. You may include an individual who qualifies as the dependent of both you and your spouse in either alternative family size.

Example 1. Ron, Suzy, and their son Max have lived together since July 2013. Ron and Suzy got married in August 2014. Each of them had coverage under a qualified health plan for the months before September. Max qualifies as Ron’s dependent under the rules explained in the instructions for Form 1040, line 6c. Max also qualifies as Suzy’s dependent under those rules. Ron and Suzy can include Max in either alternative family size.

Example 2. Rob and his son Liam lived together from January through May 2014. On June 10, 2014, Rob married Tara. She moved in with Rob and Liam on June 11. Each of them had coverage under a qualified health plan for the months before July. Liam qualifies as Rob’s dependent under the rules explained in the instructions for Form 1040, line 6c. Liam also qualifies as Tara’s dependent under those rules. (Liam is Tara’s stepchild and lived with Tara for more than half of 2014.) Rob and Tara can include Liam in either alternative family size.

Example 3. Nancy and her daughter Leia lived together from January through July 2014. Nancy married Vince in August 2014 and Vince moved in with Nancy and Leia. Each of them had coverage under a qualified health plan for the months before September. Leia qualifies as Nancy’s dependent under the rules explained in the instructions for Form 1040, line 6c. Leia does not qualify as Vince’s dependent under those rules because Leia did not live with Vince for more than half of 2014. Nancy must include Leia in her alternative family size. Vince cannot include Leia in his alternative family size.

Step 1

Complete [Worksheet I](#), later, if the first or third bullet under [Which Steps To Complete](#), earlier, instructed you to complete Step 1.

Step 2

Complete [Worksheet II](#), later, to determine your alternative monthly credit amounts to include on Form 8962, lines 12–23, column E, for your pre-marriage months. Enter in columns A and B on Worksheet II the amounts from columns A and B in Part III of the Form(s) 1095-A that reports coverage for the individuals for whom the first and third bullets under [Which Steps To Complete](#), earlier, instructed you to complete Step 2.

Note. For your pre-marriage months, if there were changes in your coverage family that you did not report to the Marketplace or APTC was not paid for the coverage, you may have to determine a new premium for your applicable SLCSF for those months.

Step 3

Complete [Worksheet III](#), later, if the second or third bullet under [Which Steps To Complete](#), earlier, instructed you to complete Step 3.

Step 4

Complete [Worksheet IV](#), later, to determine your spouse's alternative monthly credit amounts to include on Form 8962, lines 12–23, column E, for your pre-marriage months. Enter in columns A and B on Worksheet IV the amounts from columns A and B in Part III of the Form(s) 1095-A that reports coverage for the individuals for whom the second and third bullets under [Which Steps To Complete](#), earlier, instructed you to complete Step 4.

Note. For your pre-marriage months, if there were changes in your spouse's coverage family that your spouse did not report to the Marketplace or APTC was not paid for the coverage, your spouse may have to determine a new premium for the applicable SLCSF for those months.

Step 5

Complete [Worksheet V](#), later, to determine what entries you must make on Form 8962, lines 12–23, for your pre-marriage months.

Step 6

Complete Form 8962, lines 35 and 36 using the following instructions. Follow these instructions only if you checked the “Yes” box on [Worksheet V](#), line 14.

Line 35.

- **Column a:** Enter the family size from [Worksheet I](#), line 1.
- **Column b:** Enter the amount from Worksheet I, line 7.
- **Column c:** Enter the month from Worksheet I, line 8.
- **Column d:** Enter the month from Worksheet I, line 9.

Line 36.

- **Column a:** Enter the family size from [Worksheet III](#), line 1.
- **Column b:** Enter the amount from Worksheet III, line 7.
- **Column c:** Enter the month from Worksheet III, line 8.
- **Column d:** Enter the month from Worksheet III, line 9.

Step 7

Complete Form 8962, lines 12–23, columns A–F, using the following instructions. Follow these instructions only if you checked the “Yes” box on [Worksheet V](#), line 14.

Column A. Enter the amounts from column A of Worksheet 2 in the Form 8962 instructions.

Column B. Enter the amounts from column B of Worksheet 2 in the Form 8962 instructions.

Column C. For pre-marriage months, enter the totals of [Worksheet II](#), column C, and [Worksheet IV](#), column C. For example, if you entered \$200 on Worksheet II, column C, lines 1–5, and you entered \$250 on Worksheet IV, column C, lines 3–5, enter \$200 on lines 12 and 13, and \$450 on lines 14–16 of Form 8962, column C.

For the months you were married for the entire month, enter the amount from Form 8962, line 8b.

Column D. Enter the difference between columns B and C.

Column E. For your pre-marriage months, enter the amounts from lines 1–12, column A, of [Worksheet V](#), later, in the boxes for the corresponding months in column E.

For the months you were married for the entire month, enter the smaller of column A or D.

Column F. Enter the amounts from column F of Worksheet 2 in the Form 8962 instructions.

Step 8

Continue to Form 8962, line 24, and complete the rest of the form.

Worksheet I. Your Alternative Monthly Contribution Amount

1. Alternative family size: Enter the total number of individuals in your alternative family size (discussed earlier) 1. _____
2. One-half of household income: Divide Form 8962, line 3, by 2. Round to the nearest whole dollar amount 2. _____
3. Alternative Federal poverty line: Enter the Federal poverty amount as determined by your alternative family size on line 1 above and the Federal poverty table you used on Form 8962, line 4 3. _____
4. Alternative household income as a percentage of Federal poverty line: Divide line 2 by line 3. Enter the result rounded to a whole percentage. Use the same rounding rules provided under *Line 5* of the Instructions for Form 8962. If the result is more than 400, **stop**. Do not complete the rest of this worksheet or Step 2. Continue to [Step 3](#) if you were instructed to complete that step by the second or third bullet under [Which Steps To Complete](#), earlier. Otherwise, if you did not complete Part 4 of Form 8962, check the “**No**” box on line 9 of Form 8962 and continue to line 10. If you completed Part 4 of Form 8962, check the “**No**” box on line 10, and see *Lines 12 through 23—Monthly Calculation* in the Instructions for Form 8962 4. _____
5. Alternative applicable figure: Using your line 4 percentage, locate your applicable figure on Table 2 in the Instructions for Form 8962 5. _____
6. Multiply line 2 by line 5 6. _____
7. Alternative monthly contribution for health care: Divide line 6 by 12 and enter the result rounded to the nearest whole dollar amount 7. _____
8. Alternative start month: Enter the first full month you or any individual included in your alternative family size on line 1 had coverage under a qualified health plan. For example, enter “02” if you were enrolled in a qualified health plan with coverage effective on February 1 8. _____
9. Alternative stop month: Enter the month in which you got married. For example, enter “09” if you got married on September 5 9. _____

Worksheet II. Your Alternative Monthly Credit Amounts for Pre-Marriage Months

TIP Complete this worksheet only for months beginning with the month on line 8 of Worksheet I and ending with the month on line 9 of Worksheet I. For example, if you entered “02” on Worksheet I, line 8, and “10” on Worksheet I, line 9, complete only lines 2–10 of this worksheet.

Monthly Calculation	A. Form(s) 1095-A, lines 21–32, column A*	B. Form(s) 1095-A, lines 21–32, column B*	C. Worksheet I , line 7	D. Subtract column C from column B	E. Smaller of column A or column D
1 January					
2 February					
3 March					
4 April					
5 May					
6 June					
7 July					
8 August					
9 September					
10 October					
11 November					
12 December					

*See [Step 2](#) for instructions on the Form 1095-A amounts to report on this worksheet.

After completing this worksheet: Continue to [Step 3](#) if you were instructed to complete that step by the second or third bullet under [Which Steps To Complete](#), earlier. Otherwise, go to [Step 5](#).

Worksheet III. Your Spouse's Alternative Monthly Contribution Amount

1. Alternative family size: Enter the total number of individuals in your spouse's alternative family size (discussed earlier) 1. _____

2. One-half of household income: Divide Form 8962, line 3, by 2. Round to the nearest whole dollar amount 2. _____

3. Alternative Federal poverty line: Enter the Federal poverty amount as determined by your spouse's alternative family size on line 1 above and the Federal poverty table you used on Form 8962, line 4 3. _____

4. Alternative household income as a percentage of Federal poverty line: Divide line 2 by line 3. Enter the result rounded to a whole percentage. Use the same rounding rules provided under *Line 5* of the Instructions for Form 8962. If the result is more than 400, **stop**. Do not complete the rest of this worksheet or Step 4. If you completed Step 2, continue to Step 5. If you did not complete Step 2 and you did not complete Part 4 of Form 8962, check the “**No**” box on line 9 of Form 8962 and continue to line 10. If you did not complete Step 2 and you completed Part 4 of Form 8962, check the “**No**” box on line 10, and see *Lines 12 through 23—Monthly Calculation* in the Instructions for Form 8962 4. _____

5. Alternative applicable figure: Using your line 4 percentage, locate your applicable figure on Table 2 in the Instructions for Form 8962 5. _____

6. Multiply line 2 by line 5 6. _____

7. Alternative monthly contribution for health care: Divide line 6 by 12 and enter the result rounded to the nearest whole dollar amount 7. _____

8. Alternative start month: Enter the first full month your spouse or any individual included in your spouse's alternative family size on line 1 had coverage under a qualified health plan. For example, enter “05” if your spouse was enrolled in a qualified health plan with coverage effective on May 1 8. _____

9. Alternative stop month: Enter the month in which you got married. For example, enter “09” if you got married on September 5 9. _____

Worksheet IV. Your Spouse's Alternative Monthly Credit Amounts for Pre-Marriage Months

TIP Complete this worksheet only for months beginning with the month on line 8 of Worksheet III and ending with the month on line 9 of Worksheet III. For example, if you entered “05” on Worksheet III, line 8, and “10” on Worksheet III, line 9, complete only lines 5–10 of this worksheet.

Monthly Calculation	A. Form(s) 1095-A, lines 21–32, column A*	B. Form(s) 1095-A, lines 21–32, column B*	C. Worksheet III , line 7	D. Subtract column C from column B	E. Smaller of column A or column D
1 January					
2 February					
3 March					
4 April					
5 May					
6 June					
7 July					
8 August					
9 September					
10 October					
11 November					
12 December					

*See [Step 4](#) for instructions on the Form 1095-A amounts to report on this worksheet.

After completing this worksheet: Continue to [Step 5](#).

Worksheet V. Alternative Calculation for Year of Marriage Totals Worksheet

Column A. Complete column A below only for the months you have entries in column E of [Worksheet II](#) and/or [Worksheet IV](#). Leave column A blank for all other months. Add the amounts in column E of Worksheets II and IV separately for each month and enter the total in column A below on the line for the same month.

Column B. Complete column B below for any month you have an entry in column A. For each month, enter the corresponding amount from lines 1–12, column E, of Worksheet 2 under *Line 9* in the Instructions for Form 8962.

Monthly Calculation		A. Total Alternative Premium Assistance Amounts	B. Premium Assistance Amounts (Regular Calculation)
1 January	1		
2 February	2		
3 March	3		
4 April	4		
5 May	5		
6 June	6		
7 July	7		
8 August	8		
9 September	9		
10 October	10		
11 November	11		
12 December	12		
13 Totals: Enter the total of column A, lines 1–12, and the total of column B, lines 1–12	13		

14 Is line 13, column A, more than line 13, column B?

☐ **Yes.** Your alternative calculation reduces your excess APTC. If you did not complete Part 4 of Form 8962, check the “**Yes**” box on line 9. Continue to Steps 6, 7, and 8, later.

☐ **No.** The alternative calculation does not reduce your excess APTC. Leave Form 8962, Part 5, blank.

- If you did not complete Part 4 of Form 8962, check the “**No**” box on line 9 and continue to Form 8962, line 10. If you are required to use lines 12 through 23 of Form 8962, enter the amounts from lines 1 through 12 of Worksheet 2 in the Form 8962 instructions on the lines for the corresponding months and columns on Form 8962.
- If you completed Part 4 of Form 8962, check the “**No**” box on line 10. Enter the amounts from lines 1 through 12 of Worksheet 2 in the Form 8962 instructions on the lines for the corresponding months and columns on Form 8962, lines 12 through 23.